Name in Full Samuel Akers

Certificate of Death

Dled at Town Joppa County Harford MARYLAND

Date 189 9 Month 10 Day 1 | Age Y. 48 M. D. | Native of | Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary dropsy 155a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 10-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Mrs. Elizabeth Anderson

Died at near Town Madonna County Harford MARYLAND

Date 1899 Month Oct. Day 12 | Age Y. 75 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ Wife of William Anderson

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times

Address Oct. 14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Seth Barton

Died at Town: Cooptown County: Harford MARYLAND

Date 1899 Month: Oct. Day: 8 Age Y. M. D.: 52-11- Native of: Maryland Occupation: Express driver

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living: One

~~Husband~~ ~~or~~ ~~Wife~~

Father's Name: Greenhill Barton Mother's Name: Rachel E. (Warren)

Cause of Death: Primary: Phthisis 22a How long sick: about 2 yrs.

Immediate: Cardiac failure ~~Accident, Suicide, Homicide~~

Reported by: Thos. H. Emory M.D.

Address: Taylor, Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full Bevard

Certificate of Death

Died at Town Darlington County Harford MARYLAND

Date 1899 Month Oct. Day 6 Age Y. X M. 2 D. 2 Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name Geo Bevard Mother's Name 140

Cause of Death Primary Supposed to be Uraemia How long sick Less than 1 hour

Immediate Coma ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Ephrm Hopkins MD

Address Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister Bailey & Baldwin Undertakers

LIBRARY BUREAU, 66968

Name in Full

Certificate of Death

Mrs. Lydia Black

Died at Town Athol County Harford MARYLAND

Date 189 9 Month 10 Day 16 | Age Y. 86 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 10-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Roland Otho Burns

Certificate of Death

Died at Town Ne de Grace Md County Harford MARYLAND

Date 1899 Month Oct. Day 2 | Age Y. M. D. 7. 23 | Native of Ne de Grace | Occupation —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of —

82

Father's Name Chas. Burns | Mother's Name Helen Burns

Cause of Death: Primary Gastro-intestinal disease | How long sick 3 months

Immediate Mal nutrition | Accident, Suicide, Homicide

Reported by Dr. R. H. Smith

Address Ne de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Thomas Oliver Carman

Certificate of Death

Died at Town Jarrettsville County Harford MARYLAND

Date 1899 Month Oct Day 5th Age Y. 54 M. 9 D. 7 Native of Harford Co Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Six

Husband ~~Wife~~ of Carrie Carman

Father's Name Oliver Carman Mother's Name Elizabeth Carman

Cause of Death Primary Lifting 86 How long sick Five days

Immediate Intussusception of bowel Accident, Suicide, Homicide

Reported by W. L. Smith M.D.

Address Jarrettsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Miss Laura V. Carsons

Certificate of Death

Town

County Harford

Died ~~at~~ near Aberdeen MARYLAND

Date 189 9 Month 10 Day 3 | Age Y. 41 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 1

Cause of Death { Primary Typhoid fever | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times

Address 10-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

John H. Cochran

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: 10 Day: 10 Age Y.: 67 M.: 4 D.: — Nativity: Cecil Co Occupation: Physician

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 2

Husband / Wife of Ida Cochran 59

Father's Name: Jos. Cochran Mother's Name: Margaret Cochran

Cause of Death — Primary: Calc. degen. of Coronary Arteries — How long sick 4 weeks

Immediate: Oedema of lungs — Accident, Suicide, Homicide

Reported by H. L. Uhlendorff M. D.

Address Havre de Grace Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full #5580 Maggie Corcoran

Certificate of Death

Died at Town Bel air County Harford MARYLAND

Date 1899 Month Oct. Day 2 | Age Y. 43. M. – D. – | Native of Ireland | Occupation Housework.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ———

Father's Name Mark Corcoran

Mother's Name Catherine Corcoran

Cause of Death { Primary Probably Cancer 259 | How long sick 3 days

Immediate Congestion of Liver | ~~Accident, Suicide, Homicide~~

Reported by Dr C. A. Hollingsworth

Address Bel Air, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. C. A. Hollingsworth

of Bel Air Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from Thos. Corcoran

of S.E.S. Schroeder St

Name in Full

Certificate of Death

Adam De Baugh

Died at Town Earlton County Harford MARYLAND

Date 1899 Month Oct. Day 13 | Age Y. 63 M. D. | Native of Md | Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorcad

Number of children living 9

Husband ~~Wife~~ of Elizabeth Passet

Father's Name

Mother's Name

Cause of Death { Primary Paralysis 44 | How long sick 6 mos.

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal

Address Oct. 21 / 99

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79898

Undertaker.

Geo. F. Pennington.

Name in Full

Certificate of Death

Lawson Ewing

Died at Town Level County Harford MARYLAND

Date 1899 Month Oct. Day 24 Age Y. 72 M. 7 D. 22 Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 13

Husband ~~Wife~~ of Elizabeth McKendless

Father's Name Wm Ewing Mother's Name 22a

Cause of Death Primary Phthysis & Grippe How long sick 6 mos

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by J. L. Hopkins M.D.

Address Garland Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Bailey & Baldwin

Name In Full — Certificate of Death

Mrs. Ellen M. Jackson

Died at — Town: Aberdeen — County: Harford — MARYLAND

Date 1899 — Month: Oct — Dey: 10 — Age: Y. 42 M. D. — Native of — Occupetion

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~

Number of children living 3

~~Husband~~ Wife of John L. Jackson

Fether's Name — Mother's Name

Ceuse of Death — Primary: 161 — Immediate — How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times Oct. 14/99

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Magdalena Helen (twin) Jones — Certificate of Death

Died at Otter Point — Town — Harford Co. — County — MARYLAND

Date 189 9 — Month: October — Day: 9th — Age: Y. 15 M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — Married / Single / Widow / Widower / Divorced — Number of children living

Husband / Wife of

Father's Name James B Jones — Mother's Name Agnes B. Preston

Cause of Death — Primary: Transition — How long sick

Immediate: Asthenia — Accident, Suicide, Homicide

Reported by Dr Offerman

Address [redacted] Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 15868

Neme in Full — Mary Margarete (twin) Jones — Certificate of Death

Died at — Town: Otter Point — County: Harford — MARYLAND

Date 1899	Month Day	Age Y. M. D.	Netive of	Occupetion
~~Male~~	October 8th	16		

~~Male~~ White — Married — Widow — Divorced

Female — ~~Colored~~ — Single — Widower — Number of children living

Husband / Wife of

Father's Name: James B Jones

Mother's Name: Agnes C. Preston

Cause of Death — Primary: Pneumonia — How long sick

Immediate: asthenia — Accident, Suicide, Homicide

Reported by: Dr Opperman

Address: Abingdon.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Eclipse

by

B. Stern

Name in Full

Edith May Keithley

Certificate of Death

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: 10 Day: 19 Age Y.: 6 M.: – D.: – Native of: Harford Co Occupation: —

Male / Female White / Colored Married / Single Widow / Widower Divorced / Number of children living

Husband / Wife of —

Father's Name: Thos. Keithley Mother's Name: Eliz. A. Keithley

Cause of Death: Primary: Diphtheria G.A. How long sick: 2 weeks

Immediate: — Accident, Suicide, Homicide

Reported by: D. W. Hopkins, M.D.

Address: Havre de Grace, Md.

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs. Macatee

Certificate of Death

Died at near Town Sykesville County Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
10	28	48				

Date 189 9

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 12

Husband of Wife Frank B. Macatee

Father's Name

Mother's Name

Cause of Death: Primary apoplexy 42

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Republican 11-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Annie J. Osborn

Died at Town: Aberdeen County: Harford MARYLAND

Data 1899 Month 10 Day 21 | Aga Y. 50 M. 8 D. 21 | Native of Govestown Md | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Four

~~Husband~~ Wife of Bennett Osborn

Father's Name James Flynn | Mother's Name Annie Flynn

Cause of Daath: Primary Hemiplegia 42 | How long sick 3 days

Immadiate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Chas. H. Kriete M.D.

Address Aberdeen, Md.

Must ba signed by physician, if any in attendance, otherwise by coroner, undartakar or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

India Virginia Peaco

Died at Town: Garland County: Garfield MARYLAND

Date 1899 Month: Oct Day: 16 | Age Y. 10 M. D. | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name: Josiah Peaco | Mother's Name: Mary Peaco

Cause of Death — Primary: 82 | How long sick

Immediate: Cholera Infantum | ~~Accident, Suicide, Homicide~~

Reported by: J. L. Rogers M.D.

Address: Garland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Bailey & Baldwin

Name in Full

Laura Augusta Rigg

Certificate of Death

Died at Town: Hickory County: Harford MARYLAND

Date 1899 Month: Oct Day: 15 Age Y: 64 M. D. Native of Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of Edward Rigg

Father's Name Robert A. Lytle

Mother's Name Maria R. Lytle

Cause of Death: Primary Rheumatism — How long sick

Immediate Valvular disease heart — Accident, Suicide, Homicide

Reported by No signature

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Lycias Rockhold

Died at Town near Furnace County Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	10	14	Age 78			

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 10-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name In Full

Richard Shanahan

Certificate of Death

Died at near Town Fallston County Harford MARYLAND

Date 1899 Month Oct. Day 8 | Age Y. 49 M. D. | Native of | Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ widower Number of children living 9

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary

Immediate Typhoid fever 1

How long sick 3 wks

Accident, Suicide, Homicide

Reported by Bel Air Times, Oct. 14/99

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Nama in Full

Certificate of Death

Edward Street

Town

County

Died at

Harford

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Oct	7					

Date 189 9

Age

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's Name Howard Street

Mother's Name

Cause of Death: Primary

Immediate Typhoid fever

How long sick

Accident, Suicida, Homicida

Reported by Bel Air Times

Address

Oct. 14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or ministar.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Ralph Wilson Turner

Died at Town Level County Harford MARYLAND

Date 1899 Month Oct. Day 9 Age Y. 4 M. D. Native of Md Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband Wife of

Father's Name Henry Turner Mother's Name Vergie Stansbury

Cause of Death Primary 83 How long sick Indefinite

Immediate Inflammatory Diarrhoea Accident, Suicide, Homicide

Reported by J. L. Hopkins M.D.

Address Garland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name in Full Mrs. Caroline Whitlock

Certificate of Death

Died at Darlington (Town) Harford (County) MARYLAND

Date 189 1 (Month) 10 (Day) 8 | Age (Y.) 76 (M.) (D.) | Native of Maryland | Occupation Housewife

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 2

Husband / Wife of James Whitlock

Father's Name James Bowman | Mother's Name Caroline Bowman

Cause of Death: Primary Lung trouble 97 | How long sick 2 yrs

Immediate Bright disease | ~~Accident, Suicide, Homicide~~

Reported by Jno. Lapsington M. D.

Address Darlington Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister Baker & Baldwin

LIBRARY BUREAU, 88968

Name in Full Elizabeth Woodhouse

Certificate of Death

Died at Town Haire de Grace County Harford MARYLAND

Date 1899 Month Oct. Day 25 | Age Y. 91 M. — D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Two.

~~Husband~~ Wife of Wm Woodhouse

Father's Name Mother's Name

Cause of Death { Primary Dysentery 84 | How long sick Two Mo.

Immediate | ~~Accident, Suicide, Homicide~~

Reported by H. L. Fair M.D.

Address Haire de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968